

MISSISSIPPI STATE BOARD OF CHIROPRACTIC EXAMINERS
P. O. DRAWER 775
LOUISVILLE, MS 39339

Phone: 662.773.4478

Fax: 662.773.4433

Extern/Associate Application

No Refunds

This is a permanent record, write plainly or type.

Name of doctor with whom you are working:

PHOTO
UN-RETOUCHED
SHOWING
HEAD-SHOULDERS
FRONT VIEW

(2" X 2")

I hereby apply for license to practice chiropractic in the state of Mississippi as an extern or associate.

1. Full Name: _____ Married _____ Single _____
2. Mailing Address: _____
3. Phone: Office _____ Residence _____
4. Nationality: _____ Birthplace: _____
5. Date of Birth: _____ Age: _____ SSN: _____
6. Account for all time and residence since graduation: _____

7. What undergraduate college(s) have you attended? _____

8. From which chiropractic college did you graduate? _____
Date of graduation: _____
9. Do you hold a chiropractic license in any state? Yes No
10. Have you had 40 clock hours in x-ray operation and 40 hours in interpretation? Yes No
11. Have you ever been refused a license by any Examining Board? Yes No

12. Has a license to practice chiropractic in any other state been revoked? Yes No
13. Have you ever been arrested? Yes No
14. Have you ever been addicted to or excessively used alcohol, narcotics, barbiturates, or habit-forming drugs, or charged with same? Yes No
15. Have you ever been treated for mental or emotional illness, drug addiction, or inebriety?
Yes No
16. If answers to any questions numbered 11 through 15 are **Yes**, explain fully on a separate affidavit, and furnish documentation.

I solemnly swear and attest that the statements made herein are true to the best of my knowledge, and further that if granted an Extern/Associate license by the Mississippi State Board of Chiropractic Examiners, I agree to keep the Board fully advised as to my address. I AM FULLY AWARE of the fact that if I should violate the Mississippi Chiropractic Laws my Extern/Associate license can be revoked.

Signature of Applicant

Signed and sworn to before me this _____ day of _____, 20 ____.

Notary Seal

Notary Public

My commission expires: _____

IMPORTANT NOTICE

This application must be accompanied by:

1. Enclosed money order, cashier's check, or certified check (**No Personal Checks**) in the amount of \$100.
2. Attached photo.
3. Certified copy of chiropractic college diploma.
4. Official chiropractic college transcript (must be sent by college).
5. Transcript of 60 or more pre-chiropractic hours (must be sent by college).
6. Transcript of any and all National Board scores (must be sent by National Board).
7. **This application must be submitted to the above address twenty (20) days before a Board Meeting. The Board meets the 4th Thursday of January, April, July, and October.**